

1. Patients with CFS are under-diagnosed by general practitioners

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At first, we would like to compliment the authors on their idea of clustering patients into course patterns. This strategy significantly contributed to the understanding of the data and clearly demonstrated the risk for chronicity of symptomatology in this group.

Fifty-eight percent of the patients who presented fatigue were already chronically fatigued. How many of these patients were diagnosed by the general practitioner as suffering from Chronic Fatigue Syndrome (CFS)? Probably not many, otherwise it would have been mentioned by the authors. It would be interesting to assess afterwards how many of these patients fulfill operational criteria for CFS (severe fatigue, duration of at least six months; severe limitations in physical and social functioning; absence of somatic explanation for fatigue; see also Fukuda et al., 1994). Next, it can be determined how many of those who fulfill these criteria are actually identified by their general practitioner as such.

Based on our own research and clinical experience, we suppose that CFS is under-diagnosed by the general practitioner. For example, in a study only published in a Dutch report we presented three CFS cases to a group of trained general practitioners. In about 50% of the cases, CFS was not diagnosed, mainly because the practitioners thought they needed more information and postponed their diagnosis instead. Others had objections against the diagnosis of CFS. However, because spontaneous recovery has been shown to be rare and cognitive behavior therapy for CFS has been proven beneficial for a majority of patients, early identification of the condition is vital to the prevention of unnecessary suffering in these patients.

Reference: Fukuda K, Straus SE, Hickie I, Sharpe MC, Dobbins JG, Komaroff A (1994). The chronic fatigue syndrome: a comprehensive approach to its definition and study. International Chronic Fatigue Syndrome Study Group. *Annals of Internal Medicine* 121, 953-9.